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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*A Successful Case of Ovariotomy.* By SAMUEL LONG, M.D. Springfield, Ill.

On the 15th day of June, 1856, I was summoned to visit Mrs. D. aged twenty-six, married; a small woman; weight, about one hundred and fifteen pounds. She had been under the care of several physicians of this place, and had taken a great deal of medicine for her malady, which at first was supposed to be dropsy of the abdomen, but of late had been pronounced ovarian disease.

According to her statement, she first became aware of its existence immediately after the birth of her child, eighteen months before I was called to visit her. The tumor was then of considerable size, occupying the left hypochondrium; soft, free from pain, and gave her no uneasiness whatever. During the first twelve months after the discovery of its existence, her health was very good, but latterly she was oppressed by the size of the tumor. She was becoming thin; her breathing was hurried and difficult, and the tumor steadily increased in size.

I gave my opinion to herself and husband, that her disease, as had been stated by her physician was ovarian; and that it was useless to attempt to relieve by medicine. I then stated to them plainly the nature of the disease, and, as I conceived, the

only remedy—ovariotomy. As the case was one not requiring immediate operation, and hoping that nature might perhaps relieve herself, it was determined to postpone the operation for the present.

During the next two months (July and August) the tumor grew very little, but from the middle of August to the middle of September, its growth was very rapid, so that Mrs. D. could not lie down with any degree of comfort. The whole abdomen was filled, and almost as tight as a drum; nor did change of posture make any difference in the size of the tumor. It could now be felt very plainly through the abdominal walls, and was evidently multilocular, with some portions much harder than others. The lady was very anxious to have the operation performed; and, as it was evident that she could not long survive if 'let alone,' as she was emaciating very fast, losing her appetite and her strength, it was determined to remove the tumor by an incision in the walls of the abdomen.

As such opinion was confirmed on consultation with Dr. M. Helm, Dr. W. S. Wallace, and Drs. Lord & Fowler, all eminent physicians of Springfield, on the 20th day of September, 1856, assisted by the above-named gentlemen, I performed the operation, the bladder being previously emptied.

Operation commenced at 10½ o'clock. Patient was brought under the influence of chloroform; the administration of which was interrupted several times by the vomiting of the patient. First, made an incision in the *linea alba*, about three inches in length, below the umbilicus, which exposed the tumor; I then introduced my hand and discovered, after a careful exploration, that there were strong attachments to the peritoneum, to the left of the umbilicus, above, for a space two or three inches square; this was the only place of attachment so far as we then could discover. The incision was then continued to the sternum, leaving the umbilicus to the right; the length of the wound being sixteen inches. The attachments were broken up partly with the hand and partly with the knife. The tumor was immediately lifted out of the abdomen, and was found attached on the left side by its pedicle to the broad ligament of the uterus. The pedicle, which was half an inch in diameter,

was transfixed by a needle armed with a double-headed ligature, and then cut off, half an inch above the ligature.

The tumor consisted of several large cyst, filled with a thick, honey-like fluid, and of several smaller ones of the consistency of butter—all united together. Its weight was twenty pounds eight ounces. On taking it out of its place, the uterus, the intestines (pressed towards the spine), the stomach, the liver, and spleen, were all brought into view; all seemed healthy and of the natural size. The play of the diaphragm, at each inspiration and expiration could be seen. The ligature of the pedicle was brought out at the lower part of the wound. The incision in the abdomen was then brought together by the common interrupted suture, three-fourths of an inch apart; the intervening spaces being approximated by straps of adhesive plaster. The whole was then covered with a light compress, and a bandage placed around the body. The intestines gave no trouble, as they remained close to the spine. During the whole operation not half an ounce of blood was lost.

One hour after operation—pulse quick and small; skin cool; no reaction. Four hours after operation — pulse more full, about eighty, compressible; reaction has begun. The patient says she feels very well; cannot feel the wound; can scarcely realize that she has had her burden removed. Ten hours after operation—slight thirst; pulse eighty-five, full and compressible; feels 'very comfortable.' Sulph. morph. grain half.

Second Day, Eight o'Clock A.M.—Rested well last night; pulse and heat of skin natural; occasionally sick at stomach; prescribed small pieces of ice *ad libitum;* feels 'well.'

Five o'Clock P.M.—Vomited at 1 o'clock; pulse one hundred and fifteen, fine; 'feels comfortable.' Menstruation appeared this afternoon.

Third Day, Eight o'Clock A.M.—Pulse one hundred and thirty, quick and fine; did not rest well last night; vomited several times during night; feels slightly sore. At night, same as morning; vomited several times during day; menstruation continues.

Fourth Day—Rested badly; pulse same as yesterday; vomited occasionally; wound looks well; menstruation continues.

Fifth Day—Slept well last night; pulse one hundred and twenty; feels no soreness.

Eight o'Clock P.M.—Feels very comfortable; has vomited none since last night; diet, weak wine whey and custard; menstruation ceased to-day.

Sixth Day—Same as yesterday. Continued diet.

Seventh Day—Rather restless this morning; pulse one hundred and twenty; skin cool. Ordered glyster of warm water, soap, and molasses, which caused the bowels to move well for the first time since operation. Feels much better in the evening.

Eighth Day—Passed a very comfortable night; pulse about same; appetite ravenous. Wound looks well; seems healed in its superior half by first intention; the inferior half is healing by suppuration. Patient says she feels as well as she ever did.

Ninth Day—Passed a very comfortable night; pulse about same. Ordered injection as before. Bowels moved well. Feels considerable pain in bladder at night.

Tenth Day—Pulse one hundred and twenty; appetite good; suffers still pain in bladder. The wound which apparently had healed by first intention, is now suppurating throughout its whole extent.

Eleventh Day—Rested well last night; same as yesterday. Ordered injection, which did not operate well.

Twelfth Day—Same as yesterday.

Thirteenth Day—Rested well last night; at noon, suffered a good deal of pain and uneasiness in bowels; very restless.

Eight o'Clock P.M.—Gave table-spoonful and a half of castor oil.

Fourteenth Day, Three o'Clock A.M.—Bowels moved well; relieved of pain and restlessness; had three or four motions of bowels to-day; weak and nervous. About 10 o'clock P.M. bowels moved freely, causing considerable exhaustion—patient thought she was dying. Gave ℥ss vin. Oport, gtt. xv. elixir of opium. Soon revived and slept. Ligature of the pedicle came away about midnight, followed by two or three ounces of pure pus.

Fifteenth Day—Feels very comfortable; slept soundly since

midnight; appetite very good; light diet; wound is healing well.

From this date, Mrs. D. continued to improve rapidly. Wound suppurating freely until the fourth or fifth week, when it was almost entirely healed. The ligatures in the wound were all taken away by the tenth day. At the present time, January 17th, 1857, Mrs. D. says she is as well as she ever was, and as strong, and I should judge one of the happiest, as well as one of the most grateful of women. Menstruation returned the first week in this month (Jan. 1857), naturally.

For three weeks, Mrs. D. according to direction, laid upon her back, turning neither to the right nor left side. From the moment of the operation to the present time, there has been scarcely any soreness of the abdomen, and no tenderness on pressure. The urine was evacuated for three weeks with the catheter, every six or eight hours. At the commencement of the second week, the urine was tinged with blood, and the evacuation of it caused considerable pain; this lasted for one week, when it returned to its normal condition. A few hours after the operation, half a grain of morphia was given, but it (and all other preparations of opium) caused so much nausea, that it was soon discontinued, and no other remedies were given, save one or two doses of castor oil, and injections; repeated two or three times. Her only cause of complaint was (as she playfully said,) that I kept her upon her back so long.

The favorable features in this case, before the operation, were, that the patient's constitution was good; there never had been any pain caused by the tumor, nor any soreness of the abdomen, and no peritonitis; therefore, I thought there were probably no adhesions. It was not until after the tumor was removed that she told me she had had, about seven months before the operation, considerable pain in her side, just where the only adhesions were found.

Of the propriety of the operation of Ovariotomy, enough has been written of late years. I am only too happy to record one more successful one of this truly hazardous and dangerous operation.

ARTICLE II.—'*Valvular Aortic Constrictive Disease.*' By F. B. Norcom, M.D.

Ward 9 *and* 10.—Thos. Smith; aged forty-two years; Irishman; unmarried; a stone-quarryman by occupation; and admitted to Bellevue Hospital, Sept. 1st, 1854.

His father died of inflammation of the lung; yet there exists no hereditary tendency to disease in family or its branches, ten children having reached maturity, with two exceptions, in the enjoyment of vigorous health.

The patient has been a man of intemperate habits, and always lived freely; possessing good health until ten years ago, when he contracted syphilis. He denies the existence of a primary sore, but states that his attention was first directed to his condition by the occurrence of buboes in both groins, which suppurated freely, and were not fully cicatrized until eighteen months after the date of commencement.

Eight months after this period, he began to experience osteocopic pains, involving the knee-joints and long bones of the lower extremities; paroxysmal in character, and increasing in severity during the night. Simultaneously, an inflammation of the eye, attended with photopsia, pain, and perversion of vision. These specific accidents lasted some three months, and he then remained in fair condition during an interspace of four or five years, when he was attacked by the 'fever and ague' of the tertian type, from which he suffered more or less for one year. Has been salivated twice during the treatment for his venereal disorder. Never had rheumatism.

This sufferer dates his present trouble from a year last January. Was returning from his work one evening, after having been engaged in heavy lifting, and observed that his breathing became suddenly short and difficult. This now increased so rapidly, that he was obliged to stop and rest himself, and was assisted home finally by his comrades. He recovered, however, to return to his business the next day, but has never felt the same man since, consequently engaged in less laborious occupation; yet was subject from time to time to fits of dyspnœa, which would be readily excited by moral causes, exposure to extremes of weather, or unusual exertion.

About the middle of August was forced to give up all work, swelling of his feet, palpitations, constant dyspnœa with cough, insomnia, and capriciousness of appetite having materially added to his sufferings. On admission, he not only complained of the above symptoms, but of a sense of throbbing in the neck and left breast, most painfully increased by the recumbent posture at night. After remaining in the wards a month, found himself so much improved that he requested a dismissal, proposing to resume his vocation; but after a short time was forced to desist, and re-entered the hospital two days from his exit, where he has remained up to his decease.

During the past nine months he has grown gradually worse, the intervals between his attacks (two or three weeks) being much shorter, occurring in as many days and generally at night. These asthmatic paroxysms are associated with pallor of the face, profuse perspiration, rapid and laborious respiration, the pulse running over one hundred, hard and irregular, an intense choking sensation, and severe ringing cough, free from expectoration. They continue two hours or more, and are accompanied and followed by violent cephalalgia, with dimness of vision, and inability to lie upon the left side. No turgesence of the veins of the neck; no dysphagia; and during the intervals the cough is not stridulous. The radial pulses are synchronous; the left weaker than the right; and present the locomotive character of aortic regurgitation in a marked degree. Bowels regular, and urine healthy.

Physical Examination.—Point of apex of heart indeterminate; no thrill or impulse upon palpitation; and in the second intercostal space, next to the sternum, is a pulsation synchronous with the action of the heart. No abnormal extent of dulness upon percussion. Over the cardiac region is heard a double *bruit*, systolic and diastolic, loudest at apex. The same also heard in still greater intensity three inches to right of median line, in the second intercostal space, a little below the pulsating point above referred to, and clearly transmitted to carotid and subclavian arteries; the latter giving a powerful pulsatile movement. Aorta beats with abnormal force in jugular fossa, although not elevated above upper edge of sternum.

No material change occurred in the physical signs or cardiac symptoms; towards the decline of life, however, his troubles were greatly aggravated by the increased frequency of these paroxysms of cardiac asthma, and the enormous œdema of his lower extremities. Expired on the 15th of August.

Autopsy.—The examination revealed the existence of constrictive disease of the semi-lunar aortic valves, which rendered them insufficient. No aneurism, and but slight dilitation of the aorta, which presented numerous patches of artheroma. Heart somewhat hypertrophied. Mitral valves healthy. Thoracic and abdominal viscera conjested.

A careful review of this case and the assemblage of symptoms will exhibit—despite the perfection to which physical examination has been brought—the difficulties to be encountered in forming a correct diagnosis of the various thoracic diseases presented to our consideration, and which we are apt not only to undervalue, but, in the plenitude of our experience and success, to pronounce upon each disease with a certainty, which the results of a microscopic inspection will often fail to justify.

This patient was subjected to repeated examinations, conducted by reliable diagnosticians; and the opinions formed were invariably different—the weight, however, favoring sacular dilitation, while a few maintained the existence of regurgitative disease. The laborious occupation of the man, the suddeness of the attack, the blood deterioration from specific poison, and many of the physical signs, taken in connection with the sense of throbbing and the choking sensation—due to mechanical pressure, and generally pathognomonic of aneurismal formation—will approve the former view; while, again, the character of the pulses, the absence of thrill, want of dulness, no signs of external prominence, will offer a sufficiently valid excuse for the latter. Percussion gave no abnormal extent of dulness; but this fact is frequently a source of error, dulness not always being co-extensive with the dimensions of sacular dilitation.

The situation of the sac, its more or less globular form, a limited portion only reaching the chest walls, would preclude this sign *alone* from giving much importance to the examination.

And we may here deduce a practical result from this fact, that such sacs are larger than the results of percussion would indicate,* offering an explanation of the grave subjective symptoms frequently witnessed in these cases, even though the physical signs failed to point out their causation. The pulsating point referred to, and the organic conditions of arterial murmur, supposed referable to change of form in the vessel, and to change of internal surface, are presumptive of dilitation: for, if the arterial murmurs are audible at any point of the arch, and of different pitch, or greater intensity, and harsher quality than a synchronous murmur at the aortic base, it may be inferred that the cause of intensification resides in the vessel itself.† In aneurism of the aorta, œdema of the lower extremities seldom occurs, a fact that may have its diagnostic application, yet, in the example before us, will be antagonized by another of equal importance, that constrictive disease may exist also to a most remarkable extent without producing systemic stagnation. This immunity, however, will only hold good, in either case, where the capacity of the ventricles and patency of the tricuspid orifice remain normal or sufficient, yet, should the blood become spanaemic, then anasarca will occur independently of these pathological changes.

Atheroma, unless accumulated in large quantities, will not produce murmur; and occurring, as it does, after the middle period of life, is perhaps the most frequent cause of arterial or valvular disease.‡ Another frequent cause of these organic changes, and one often overlooked, takes its origin from syphilitic infection. In our examinations of those affected with heart disease, one of our first questions, is, if he ever suffered from rheumatism; if not, we then proceed to a rigorous investigation of other organs, in order to obtain some satisfactory clue to this pathological condition. The fact of his ever having contracted pox, is gleaned from the general examination of the patient, and not with a view of its bearing upon this particular point, or from any just appreciation of its being one of the cer-

* Walshe on the Heart and Lungs.

† Walshe, Op. Cit. p. 231.

‡ Swett on Diseases of the Chest.

tain and efficient causes producing cardiac lesion. As an agent deteriorating the blood, there exists few stronger, and its continual presence — a total and absolute elimination from the system, being highly problematical—must, as a consequence, induce variations in the nutritive or vital processes of the economy.

It is well understood, that, for the healthy nutrition of the body, certain conditions are necessary: one is a *right* condition of the blood—in other words, a certain adaptation between this fluid and the tissues, and even the several portions of each tissue; another recognizes a healthy state of the part as essential. Now, each and every condition must prove defective where the blood is saturated, as it were, with some noxious agent, continually multiplying itself, giving evidence of its existence by morbid manifestations, and inducing a specific cachexia, in every sense adverse to a healthy performance of the various functions. It may not be uninteresting to observe here, that syphilis took its starting point from a *bubon d' emblee*, and running on to suppuration was followed by constitutional accidents.

The experimental researches of M. Ricord, however, leave no room to doubt that a primary sore must have existed in this man (though it probably escaped his notice), and that the formation of pus in the glands, if such the case, was ascribable to some vicious or pyogenic (if we may so term it) habit of the system.

ARTICLE III.—*Chlorate of Potassa in Typhoid Fever.* By E. C. Ellet, M.D. Bunker Hill, Ill.

Although not in the habit of writing for the *Journal*, I have, for some time past, been tempted to communicate my views regarding the value of *Chlorate of Potassa* as a remedial agent, and if I can overcome my natural aversion for that kind of notoriety, perhaps I will drop you something on the subject during the winter. Now, I merely wish to draw your particular attention to its value in typhoid fever. For two or three months past that disease has been prevailing rather extensively in this vicinity, and in such a decided form that there is no mistaking its precise nature. I confess I am

delighted with the result produced by the free use of the chlorate, and believe it comes nearer what is required in that disease than any other known agent.

I will tell you what first induced me to use it in typhoid fever. Three years ago I read an article in the *American Journal of Medical Sciences*, recommending its use very highly in mercurial salivation. I tried it repeatedly—indeed in every instance yet offered; and can assure you that *so far* it is a true specific. Try it fairly, and you will agree with me. Last Spring my little boy, æt. five, was taken very ill with what I considered infantile remittent fever, as described by writers. As it progressed, growing from bad to worse, I observed his breath growing fetid, with difficulty of swallowing medicine, &c.; no swelling about fauces or submaxillary glands; and, knowing that I had used mercury too cautiously to produce ptyalism, was at a loss for the symptom, until I discovered a long, narrow, ash-colored ulcer situated in the left cheek and horizontaly. At that time his condition was a deplorable one, fever, for some days past, assuming the adynamic type; entire loss of appetite and rapid emaciation. Being already in love with the chlorate, and familiar with Dr. West's opinion of its usefulness in gangrenous sore mouth, &c. I resolved to use it for that symptom particularly—three grains in solution every two hours. After the second dose, the vomiting and all gastric irritability, which from the first had been excessive, ceased—not to return; and although *nothing else* was used after that, his convalescence was rapid without a relapse of any kind. He had been ill eleven days before I began the use of the chlorate; and I, as well as all others, had for two or three days considered his case hopeless.

Subsequently to the convalescence of my child, and before these typhoid cases appeared, I used it in all and every form of sore mouth, whether complicated with febrile symptoms or not; particularly in scorbutic affections, which are quite common in this country according to my experience—thrush, apthæ, nursing sore mouth, spongy gums, foul breath, &c.—with uniform success in all *except* nursing sore mouth, which it will relieve greatly, sometimes cure for a limited period, but will not prevent

a relapse—at least not in the way I have used it. Becoming convinced that in some way it exercised wonderful curative power in diseased mucous membranes, particularly those of an ulcerative form, and, knowing from the experience of others that typhoid fever is characterized by that very condition, I resolved to give it a fair trial, and must say that thus far my expectations have been sustained by the result. I have not time now to enter into any further particulars, but if you think what I have said worthy of consideration, will you not try it upon some of your many patients? I should think, from its antiseptic character it would be particularly well adapted for hospital practice.

I have written to you thus familiarly, Dr. Davis, in consequence of my knowledge of your active zeal in the cause that interests us both, and knowing, besides, your superior opportunities for giving any question of this kind a thorough test. I will close by saying that I find the best and most reliable dose for adult in typhoid fever, is twenty grains, every four hours without interruption, so long as febrile symptoms continue, or much sordes continue on the teeth and gums. If fetor of the breath, or offensive dijections exist, you will be astonished to observe how rapidly it disappears. I have had no difficulty about retention of urine in those cases where it has been taken in any size dose over eight grains every four hours. It possesses decided diuretic powers, always causing a free flow of limpid urine. I do not discover that it possesses any *direct* power over hemorrhage from the bowels, neither does it moisten the tongue as turpentine will frequently when prescribed according to your formula. In two or three bad cases, I have prescribed both the turpentine and chlorate alternately for several days in succession, and, as I fancied, with good effect. In a few cases simulating intermittent fever at the beginning, and before I was fully decided regarding the exact nature of the fever, I have kept them on quinine, hydr. cum. cretæ, and turpentine, without observing the least change for the better until I resorted to the use of the chlorate, and discontinued the two first articles, when invariably a change for the better would be rapidly developed.

ARTICLE IV.—*Veratrum Viride in Fevers.* By A. W. Dewey, M.D. Strawtown, Ind.

Prof. Davis:

Dear Sir—I hope I shall not intrude by again reporting a case or two in my practice of the last season, any portion whereof you are at liberty to publish or omit. My chief object is to add my testimony in favor of the use of Veratrum Viride, which I have this season for the first made use of in practice. I was not a little distrustful of the expediency of adopting even a much needed remedy, the powers of which I had never tested. At present I feel no hesitation, rather a pleasure, in adding to the testimony in favor of its use; believing it to be one of the most powerful, if not the most reliable, agent for controlling arterial excitement of which our Materia Medica can boast.

On the introduction of a new remedy, we see, from the earliest records of the profession, a constant tendency in those who advocate its adoption to overrate its powers and to magnify anticipated benefits. Desirous to avoid that common error, we shall not pronounce unequivocally for its use in all cases of increased arterial action, but will patiently wait till further experience has more fully demonstrated the extent and applicability of its powers. And allow me also to indulge the hope that those whose greater experience and better abilities, with wider fields for observation, furnish greater facilities for determining, will turn their attention to it, and report their conclusions to the profession. In my limited experience with it, I have not yet discovered its diaphoretic action, as spoken of by Dr. Mills, in the *Journal* for January, 1855. I did not, however, use it to the extent of producing emesis, nor in combination with spts. of nitre.

Case I.—Miss M. M. aged nineteen, for some five or six days had suffered from common intermittent, so they supposed—herself and friends—and had been endeavoring to treat it themselves by cathartics and quinine. On the 21st of July, the fever was more intense, and came on without a chill or any well-marked cold stage. Continued all night, with very slight remission next morning, followed by exacerbation. By noon on the 22d it was decided to summon medical aid. I visited

her at 1 P.M. Found the system in a high state of febrile action; face flushed; surface dry and hot; pulse one hundred and twelve to one hundred and fifteen; severe pain in head, back, and limbs; considerable tenderness in the epigastrium; great thirst; tongue rather red and moderately coated—bowels having been rather freely acted upon by some patent pills kept in the house.

I gave two grains calomel and five of Doveri, and in a few minutes gave five drops of the saturated tinc. of veratrum viride, in a little sweetened water. Ordered four drops of the tincture to be given every hour, till the fever abated; also, in four hours, another calomel powder, combined as before. Some camphorated tincture of opium was left to restrain the action of the pills on the bowels, one tea-spoonful of which was given shortly afterward.

Called on 23d at 9 A.M. Found her more comfortable than she had been for two days; some headache still, and the tenderness of the stomach only partially relieved. Four doses of the tinc. had been taken. Pulse, seventy-six; unable to sit up on account of vertigo. Ordered the ver. vird. three drops every hour till 2 P.M.; then, if there was no fever, quinine and Doveri every two hours until 8. Should the fever rise, a calomel powder was to be given, and the tinc. continued through the day. There was no fever. Three pills of blue mass were given at 9 in evening, and quinine every three hours till noon of the 24th. Called at 1 P.M. Said she was well; pulse seventy; surface moist; tongue still coated. Ordered blue pill again at night, with quinine and muriate of sodium next day, for three doses at intervals of three hours. Promised no further visits. Saw her a few days subsequently—had no return of fever.

The main feature in this case, as well as a few other easily-managed ones that followed, is the omission of all other remedies, on the second day of the treatment, until after the hour of the expected return of fever—which failed in its appearance; but as our fevers were unusually mild last season, I scarcely know how much credit is due to the article.

The following was more marked and satisfactory:—

Case II.—Mrs. L. R. aged twenty-seven, of sanguino-nervous temperament, near seven months *enceinte*, was taken, July 26th, with dysentery. Called in a Dr. P. next-door neighbor, who claimed to have read a regular course in the wonderful system of Homœopathy, and to possess, in common with his preceptor and Homœopathic brethren, an extraordinary ability for the successful treatment of all diseases flesh is heir to, but more especially in the treatment of diseases of the bowels. He attended his patient very closely. All agreed that her symptoms were more favorable on Monday, 28th. On the 29th, the disease had stolen a march upon him—discharges were more frequent and bloody; tenesmus worse than at any time previously, and more febrile action. His exertions and unremitting attention, from the history afterward given, really deserved better success—but the gods were inauspicious. The disease progresses apace; a more violent fever, with parching thirst, supervenes; tenesmus and tormina severe beyond measure; prostration complete during the night. The next morning (30th) her husband is summoned from his labor, some miles distant; arrives in the afternoon; finds his redoubtable Doctor in great tribulation, and the life of his companion in imminent peril; orders a messenger for me in haste. He had, by request, consented to wait and give me a history of the case and treatment; but got in a very great hurry and left ten minutes before my arrival: thus I was deprived of one very important item in this communication, and his subsequent removal to some part of Iowa has put it out of my power to supply the deplorable deficit. But to the patient, reluctantly taken charge of:—The countenance was haggard, and expressive of great suffering; surface hot, dry, and husky; pulse one hundred and thirty-five to one hundred and forty, thread-like; tongue dry, and coated with brown fur, with red edges and tip, the body of which was tremulous; extreme prostration; voice scarcely audible when endeavoring to speak; tenderness so great, that the least attempt at pressure on any part of the abdomen caused her to start and cry out; with lower extremities flexed: in short every appearance of violent entero peritonitis. My prognosis was certainly very unfavorable, and I would have decided upon

following in the footsteps of my illustrious predecessor, by unceremoniously decamping, had not my sympathy for the patient predominated even over my regard for the learned son of Hahnemann.

I first gave gum opii three grains, camphor about the same, with half grain ipecac. In five minutes, gave seven drops of tinc. ver. vird in some elm water that was at hand, and ordered fomentation of hops, hot as could be borne, to the abdomen. I should have stated, that intermitting pains had come on some two hours before, with pain in the back, which led to the opinion that premature delivery might be looked for. The venerable ladies present asserted that such was inevitable—they knew about such things—had seen 'Mrs. So and So, who died, was in just such a way.' Well, in fact, I was more than half inclined to agree with them. Sat down to note the effects of the medicine, and to hear divers apologies for being called secondly to wait upon the case. The uterine pains not subsiding in three quarters of an hour, I gave three grains more opium and camph. and in fifteen minutes six drops more of the ver. vird. In ten minutes more there was a marked improvement: pulse down to one hundred and fifteen; pains subsiding; the breathing more full and free. Remembering, with satisfaction, the good effects of sulp. acid in cases analogous, I put up elix. vit. ʒij.; sulp. morp. 2grs.; aromatic syrup rhei, ℥j.; and filled the 2oz. vial with elm water. Ordered a tea-spoonful of this every two hours, and four drops ver. vird. every two hours, alternating; the latter to be discontinued after three doses more were given.

Called next morning at 9—patient improved beyond expectation. No medicine had been given for the last three hours, waiting my arrival and allowing the patient to sleep. Pulse eighty per minute. Convalescence progressed regularly to complete recovery in a few days, with the usual treatment in such cases. Ten weeks subsequently delivered her of a healthy male child—both did well.

SELECTIONS.

On the General Use of Chloroform. By Dr. M'Leod. In the Medical and Surgical Society of London (May, 1856,) Dr. M'Leod read the following paper, *On the General Use of Chloroform*:—

The author began by remarking on the necessity which existed for all surgeons clearly making up their minds on this important subject, and thoroughly studying the question in all its bearings. He proposed to run rapidly over the different points of practical moment presented by a consideration of anæsthesia; and to submit the question as clearly a possible before the Society, with the view of eliciting from its members an expression of their opinion on the subject. Dr. M'Leod referred at the outset to the experiments of Dr. Nunnely and Dr. Simpson, instituted for the purpose of determining the relative value of different anæsthetics, and stated his intention of confining his observations, in what followed, to chloroform, as being the only anæsthetic of practical value. He then reviewed the different hypotheses which had been started, to explain the physiological action of anæsthetics when inhaled, and gave his adhesion to that view which ascribed it to absorption into the blood, and its being thereby carried to the nervous centres. The fact that both the chloroform and ether can be detected in the flesh and blood for a considerable period after they have been inhaled, the author thought, went a considerable way to support that view. Dr. M'Leod then dwelt upon the modes in which anæsthetics, when inhaled, might cause death. He showed that in those cases which had ended fatally, as well as in experiments conducted on animals to determine the question, the most constant appearances were these:—1. A highly congested state of the pulmonary tissues. 2. An engorged state of the right side of the heart, and an empty state of the left; in other cases a flaccid condition of the whole organ. 3. A congested state of the brain. These, with an altered condition of the blood itself, seemed to be fairly attributable or referrible to the drug. Death, then, had been ascribed to:—1. Asphyxia, caused, according to some, by the arrest of the chemical changes carried on in the lungs; and, according to others, by the capillary vessels of the lungs. 2. To coma, caused by the action of the vapor in the nervous centres. And, 3. To syncope, caused either through the various centres, or from the local action of the overcharged blood in the heart itself. From

a careful consideration of the fatal causes, death, the author thought, was sometimes due to one of these modes, and sometimes to another, and at times to two or more of them combined. He showed that all arose from the employment of the vapor too little diluted with atmospheric air, and were to be avoided by carefully guarding against such an error in the administration. Dr. M'Leod next alluded to the fallacy of allowing theoretical notions, as to what parts of the nervous system are at any particular period of the administration being implicated, or as to how many drops are necessary to produce such and such effects, to interfere in the practical employment of anæsthetics. Such attempts only withdraw the mind from the real points of importance, and lead to erroneous practice. He contended that all apparatus was not only uncalled for, but absolutely injurious, as tending to frighten the patient, and prevent the escape of the expired breath. He said it mattered not whether we measured the amount of the liquid the patient had inhaled or not, so long as we are guided by effects. The propriety of keeping the patient from food for some hours previous to the administration of the anæsthetic, the necessity for quiet during the administration, and of allowing a free circulation of pure air around the patient, were dwelt upon, and great weight was put upon the recumbent position being assumed in all cases during the exhibition. The removal of all constrictions of dress about the neck and chest was insisted on, as well as the necessity of observing the temperature of the apartment, as Dr. Snow had shown how great a difference existed in the amount of vapor set free at different elevations of temperature. The advantage of bringing the patient rapidly under the influence of the drug, while a large amount of atmospheric air was admitted, was pointed out; and the author proceeded to show that the discrepancy of opinion as to the '*upholding effects*' of chloroform, arose from the degree of action established; that, if not carried beyond a certain point, the effect was certainly of a supporting character; and that the depression spoken of by observers was the result of a larger amount of vapor being administered than was justifiable. The respiration was shown to be the great guide in the administration of chloroform. The eye, too, being upturned and fixed, afforded no information as to the establishment of the action, but neither the pulse nor the pupil communicated anything. The propriety of observing the color of the lips and countenance, and also the flow of the blood from the cut vessels, was declared to be of consequence as affording indications of the approach of syncope. The author stated his conviction that age, sex, diathesis, idiosyncrasy, were matters

of indifference in administering chloroform, if we were guided by effects. Having referred to the combined use of chloroform and ether, the author went on to speak of the proper steps to be taken in the event of an overdose. As the chief danger was seen to arise from the use of the vapor in a state of too great density, or from its accumulation in the system, the great remedy was shown to be the free admission of pure air, and the employment of artificial respiration, if the patient was too deeply affected to work off the overcharge by his own exertions. The wonderful manner in which the respiratory movements may be excited by galvanism was then referred to. The method of raising the epiglottis by the finger, or by drawing forward the tongue, as recommended by M. Regnault, was strongly advocated, and the assistance obtained in producing the desired result by dashing cold water on the face and chest noticed. If the danger arose from syncope, the propriety of applying stimulants to the nostrils, and using them by the rectum, or the direct stimulation of the heart by needles, or the actual cautery, were pointed out. The method of inverting the patient, recommended by M. Nelaton in such cases, was also detailed. No fluids should be given by the mouth for some time, till the patient had become conscious.

The author summed up this part of the subject by recommending in all cases the admission of a stream of fresh air, the drawing forward of the tongue, and the application of cold water to the face and chest. If death appeared to approach by syncope, stimulate the heart in one of the ways mentioned, and depress the upper part of the body. If by coma or asphyxia, use artificial respiration, produced by the hands or electricity.

The use of anæsthesia, in the practice of medicine, was then shortly reviewed, and shown to be chiefly attended with benefit in relieving pain, however arising. Its employment in many diseases, implying lesions of sensation and motion, was dwelt on, together with its use in cases of mental affections. In the paroxysms of many spasmodic and neuralgic affections, it was shown to be invaluable. Surgery, however, was declared to be the real province of anæsthesia, and that in which its benefits were more gratefully recognized. The advantages accruing to both the surgeon and the patient were pointed out, and the cases in which it was employed were stated to be reducible to those in which pain or spasm were to be allayed. Dr. M'Leod emphatically denies that there was anything in gun-shot wounds which made the use of anæsthesia in these less beneficial than in the same accidents of civil life, and he contended that as the pain and suffering in these cases were very great, so much the

more necessity existed for its use. He stated his conviction that the mental state of the patients, who were the recipients of these two species of injuries, made no real difference in this question. Shock and pain were both the most fruitful causes of a fatal issue both in primary and secondary operations; and as these two evils were avoided by the employment of anæsthesia, we should naturally expect to find that the mortality succeeding capital operations had decreased since the use of anæsthesia had become general, and this the author would presently show was the fact. In the examination, adjustment, and dressing of injuries; in the employment of instruments to cure disease; in the reduction of hernia and dislocations; and, in short, in all those instances in which the surgeon's interference caused pain, or in which it was desirable to prevent any muscular opposition on the part of the patient, the use of anæsthesia was shown to be invaluable. Its use in tetanus during the war was spoken of, and the fact stated that in one well-marked case at least its continued used had been followed by recovery. Dr. M'Leod thought that in the General Hospital its use had been, beyond all question, successful, and he did not agree with Mr. Mouat, who had read a paper on the subject at a former meeting, that in the cases there or elsewhere it could be fairly said to have produced any disagreeable consequences. The very few cases in which it had been said to have given rise to unpleasant or fatal effects contrasted strongly with the multitude in which it had been successful, in which it had obviated pain and saved life. The writer next glanced at the various objections which had at various times been made to the use of anæsthesia, and showed how false both theory and practice had proved them to be. He also alluded to the many operations which were now practicable and hopeful, which, before the discovery of anæsthesia, were unattainable. To military surgeons, the detection of feigned disease was now a matter of simplicity, and many of the questions which divided them in opinion were now much changed in their bearings. All objections to primary amputations were now set aside, and the doctrine of 'making the knife follow the ball,' had received a new and important support. The writer expressed his strong conviction that shock was not established till some time (the direction being different in different injuries and persons) after the receipt of an injury, as by a ball, and he said he felt sanguine that an operation under chloroform, performed in this interval, would obviate much of the succeeding shock, by removing its cause. He was sorry that during the past seige, which was so manifestly favorable for testing this, so few

attempts had been made to carry it out. In conclusion, the author having stated his opinion that no case absolutely forbade the use of chloroform, referred to those in which its administration should be carefully watched. Operations on the back of the mouth, from the danger of blood getting into the throat; cases of severe hemorrhage, or long suppuration from the activity of the absorption; acute disease of the lungs from the irritation caused; disease of the heart, particularly in active dilitation, with weakening of the organ, on account of the fear of fatal syncope; aneurismal disease of the aorta, or marked apoplectic diathesis; and cases in which fatty degeneration may be suspected. These seem to comprise all those cases in which extra caution was necessary. That care should be taken that the agent employed should be pure was insisted upon, and the tests to determine the presence of adulterations were stated. Dr. M'Leod next gave the statistics furnished by Mr. Skey, Drs. Simpson and Snow, and MM. Velpeau and Bouissau, as affording a large amount of evidence in favor of chloroform in surgery, as not only proving its beneficial influence in relieving pain, but in directly saving human life; and he stated that while, during the past war, it had been administered in innumerable instances, only one death had followed its use—and in that case the patient was not placed in the recumbent posture. While expressing his own belief, that, if administered with proper caution, chloroform might with perfect safety be employed in all those cases which fall to the care of the military surgeon, in which it is desirable to overcome pain or spasm, or muscular exertion, the author called on the members of the Society to give a clear and decided verdict on this important subject, founded on the experience of this great war, which would forever put this question at rest, and remove all doubts as to their appreciation of the immense benefits bestowed on humanity by anæsthetics.

Dr. Blenkins understood the author to say, that only one fatal case had taken place, whereas he believed more had occurred. He felt very much obliged to Dr. M'Leod for a highly interesting paper, and considered the author had gone most fully into his subject. He (Dr. Blenkins) trusted that each individual would give his experience of the use of chloroform, without any view to opposition, but for the benefit of all. In his practice, chloroform had been just as successful in the Crimea, in severe operation, as at home; and he quite agreed with the author, that there is no difference in the effects of accidents in civil and military life—he had not seen any ill effects in any one of his cases. He did not regard chloroform

as a drug to be treated with carelessness and indifference, but with great care; we should watch the pulse and respiration. Objections should not be made to its use in easy operations without a fatal termination. He remembered one case, that of an old soldier, where the patient was a very long time before he perfectly recovered; but this was owing to the length of time it took to get him under the influence of the drug; and this, again, was accounted for by his addiction to strong drinks. The theory of its action would occupy too much time for him to enter upon now. He expressed his conviction that chloroform acts through the blood, and looked on it as a remedy requiring vigilance in its use. He had operated fifteen times under its influence, besides having given it in tetanus, fits, &c. He believed it to act as a stimulus, and to raise the pulse when low. On one occasion, he was obliged to remove the head of the femur at night, with only one assistant, and he believed it almost impossible to have done so without the aid of chloroform. In conclusion, he begged to state that all his observations agreed with those of the author.

Dr. Sall considered that the Society was much indebted to Dr. M'Leod for the very valuable and lucid paper which he had just read, and as we are not confined, to-day, to the discussion of chloroform in cases of gun-shot wounds, he begged to state that he had used it with the most marked success in cases of delirium tremens, and he had found it a more beneficial mode of treatment than the stimulo-narcotic plan. He then alluded to the case of a youth in a band of the 93d Regiment, who, after suffering much distress of mind from disappointment, relapsed into a state resembling hysteria, accompanied with a complete cataleptic condition, in which he remained for twelve hours. In this case a variety of stimulating plans of treatment was tried without success, but under the anæsthetic use of chloroform the boy quite recovered. He considered that in the administration of chloroform there were two things necessary to be borne in mind—the purity of the drug, and the correct mode of administering it. He (Dr. Sall) had never witnessed an unfortunate result from its use.

Dr. Bowen had never heard a more practical paper, and he agreed entirely in the views of the author. He had seen anæsthetic agents used for the last six years, and had given them himself between two thousand and three thousand times. He considered that the best mode of administration, was by means of a napkin, as now stated by Dr. M'Leod. As regarded the purity of the drug, he was only surprised that more accidents had not happened from its frequent impurity. He had detected

both free chlorine and pure muriatic acid in different samples furnished twelve months since to the Military Hospital at Plymouth. It had been given by himself for fourteen hours to one woman; and Professor Simpson, in a case of convulsions in an infant, had given one hundred ounces within a period of two weeks, with most beneficial results. He had been informed by the Russians, that throughout the seige chloroform had been used with only one or two fatal results, which was not surprising under the circumstances: it appeared that their mode of administering it was the same as that now recommended.

Mr. Howard considered that in delirium tremens it was invaluable; by its means he had procured sleep, when opium could no longer be given with safety, and after every other means had absolutely failed.—*Lancet.*

Is Strychnia Cumulative in the System?—Does it Affect the Encephalon? By W. G. Thomas, M.D. Camden, New Jersey.

As the above questions have of late been discussed *pro* and *con*, I shall, by your leave, contribute my mite in the way of facts, leaving theoretical discussion to others better qualified for it. The tincture of nux vomica has become quite a favorite remedy with me in cases of deficient innervation, as a general tonic, &c.; so much so, that I should be sorry were positive evidence found of its cumulative action. In my experience I have found no such evidence. I have given it in doses large enough to excite involuntary action of the muscles of the face and extremities for two, four, and six weeks continuously, and instead of the medicine showing an accumulative action, the patients almost invariably showed a diminution of susceptibility to the action of the remedy. I have always found the dose to be an experimental one; that is, I have nearly always had to feel my way upward from a minute quantity until its action was perceptible, the maximum dose varying very much in different individuals. I have not kept a regular account of my cases, but have some of them very vividly impressed upon my mind by some 'wonderful cures,' which I ascribed to the action of the tincture of nux vomica.

This day, Dec. 8th, I visited a patient whom I had under the use and the *influence* of the medicine since the 5th day of November last. To day I erased his name from my visiting list, he having been *cured* by the continuous use of the tincture of nux vomica for five consecutive weeks. The patient alluded to, a son of a Mr. F. is aged about eight years. I was called

in to see him on the 22d day of October. He was down with typhoid fever, of that peculiar, low, intermittent form which has so strangely characterized this fever in Camdem and vicinity, this fall and winter, bidding defiance to antiperiodics, and yet differing very much from our ordinary typhoid fever. The case was a neglected one, the patient having been sick two weeks previous to my visit, and without regular medical attendance. The usual treatment was adhered to, modified by the peculiar state of the case, calomel, quinia, turpentine, diaphoretics, milk-punch, &c. with occasional use of astringents and opiates to check diarrhœa and lull pain in the bowels. There was evidently a diseased condition of Peyer's glands. He rallied in the course of a few days, and kept on improving gradually in strength, gained an excellent appetite, and became able to sit propped up in a chair. On the 5th day of November, his mother called my attention to the completely palsied condition of the lower extremities. He was not only unable to stand, but was unable to exercise any power over them; they obeyed only the power of gravitation, falling carelessly from side to side as the position of his body was changed. I ordered half an ounce of tinct. nux vomica in one ounce of white wine; ordered six drops three times a-day (equal two drops pure tinct. at a dose). But the medicine acted so violently, especially during sleep (causing the mouth to be drawn with a quick motion from side to side, the eyeballs to roll rapidly backward and forward, upward and downward, the hands to leap convulsively to the head), that I ordered the dose reduced to four drops (equal one and a third drops pure tinct.), three times a-day. This caused the same actions, but in a minor degree. As the system became less susceptible, the dose was gradually increased to twelve drops (equal four drops pure tinct.), three times a-day. The patient, after the lapse of ten days, was able to support his own weight for a few moments at a time upon his lower extremities. He kept on gradually improving, appetite voracious, and now, December 8th, upon my visiting him, he walked briskly backward and forward across the room without any staggering, or showing any sign of fatigue. Ordered the medicine gradually withdrawn.

In this case, you will perceive, instead of an accumulation there was a loss of power, twelve drops (equal four drops pure tinct.), at the end of five weeks, scarcely causing a twitch of the muscles, although one-third that amount, in the beginning, caused pretty violent contractions. Should any evil effects follow in this case, I shall feel bound to inform you.

Another case. Two years ago I was called in to attend to a

Mr. G. aged thirty years. Typhoid remittent. Recovered under the usual treatment. Improved rapidly in flesh; obtained full use of the upper extremities; but the lower extremities were powerless. I resorted to friction, &c. and various internal remedies for a week or ten days. I had never used strychnia, or any of the preparations of nux vomica, and was in fact afraid of it. I determined to try the tinct. nux vomica: gave it in ten drop doses (pure) three times a-day, gradually increased to thirty drops. When we reached the thirty drops (pure tinct. three times a-day), the contractions being quite perceptible, came back to twenty-six drops, but eventually returned to the thirty. In two weeks the patient was able to walk, run, and jump, and is now, and has been for the last two years, in the enjoyment of good health; though, I am sorry to add, he seems to think the pleasure of curing him should be my sole and sufficient reward. I might go on and show other cases similar to the foregoing, but these I presume will suffice.

Does it Affect the Encephalon?

I think it does. The boy, whose case I have first related, would invariably complain of headache, and become stupid and drowsy in fifteen or twenty minutes after taking the medicine, and would frequently, after taking the medicine, fall into a sound sleep, from which he would be awakened with some difficulty; the violent twitching of the muscles and rolling of the eyes inducing the mother to waken him. I have not seen so decided an effect upon the brain in any other case, yet I frequently have heard my patients complain of the medicine affecting their head. It could not be the small quantity of alcohol in the dose of twelve drops in the boy's case, for he was in the habit of drinking daily a goodly quantity of milk punch, in his fondness for which favorite medicine he would have commanded the admiration of a confirmed toper; and the drowsiness was shown only and regularly in fifteen or twenty minutes after taking the nux vomica. It would be well for some one to experiment upon some of the lower animals with minute doses of strychnia, with a view of ascertaining whether there be any cumulative action upon the system.—*Medical and Surgical Reporter.*

Dr. Edward Brown-Sequard's Experimental and Clinical Researches applied to Physiology and Pathology.

Fourth—Cases of Cure of Epilepsy by Cauterization and other Local Means of Modification of the Parts from which originates the Aura Epileptica.

There are a great many cases of this kind. They bear out the same conclusion as the cases of section of a nerve, in showing that the fits were caused by a peculiar influence originating from some part of the skin. Cauterization of the skin of the face and neck by the red-hot iron, in my animals, seems to cure them, as I will show hereafter. It appears, therefore, that there is something of the same kind in the condition of the skin of the neck and face in these animals, and in the parts of the skin which are the seat of a true aura epileptica in man.

The most varied modes of cauterization have been employed with success against the aura epileptica. Blisters, moxas, potential cauteries, issues, Dippel's oil, a decoction of ruta graveolus, and various other rubefacients have been successful in cases reported by Locher, Baster, Dovinetus, Brunner, Stuerlin, Henricus ab Heer, Benzi, Portal, Recamier, &c.

It is useless to mention any of these cases particularly, because there are so many on record that every one knows some of them.

The application of a moxa or of the red-hot iron, is, I believe, the best means of cauterization—at least it is so for animals: and the many cases in which epileptics have been cured by a burn (see Portal, *loco cit.* pp. 160 and 172), agree in showing the power that burning of the skin possesses. In a case by Tulpius (see Herpin, *loco cit.* p. 399), the aura came from the big toe, and the patient was cured by deep burnings of this toe with the red-hot iron.

Any kind of change in the skin may be the cause of the appearance of epilepsy or of its disappearance. A man, says Esquirol (*loco cit.* p. 304), had an ulcer on one of his legs; epilepsy came on after the cicatrization of the ulcer, and each fit was preceded by the sensation of a cold wind in the cicatrix; a ligature above the knee-joint stopped the fit. A young man, whose case is recorded by Pouteau (quoted by Portal, *loco cit.* p. 375), had received a blow on the head, and the wound was cicatrized only a year after; he was then attacked with epilepsy, and the fits gradually became more and more frequent. After having been a year in this condition, he consulted Pouteau, who opened the cicatrix by the application of the cautery. From this day the fits disappeared; but the patient allowed the wound to be healed again, and epilepsy returned. It disappeared again, after another application of the caustic.

Perhaps various operations which have been followed by the cure of epilepsy, are to be explained in the same way as the many cases related in this paragraph. This is true, perhaps, for a case mentioned by Delasiauve (*Traite de l' Epilepsie*, p.

430), and in which, after the extirpation of an encephaloid tumor in the angle of the jaw, an epileptic patient was cured. This explanation is probably good, also, for some of the cases in which trepanning of the cranium has been successful in epileptic patients. Among the cases of this kind that I know, I take four, almost at random, to show the fitness of this explanation. In one of them, a circumscribed and permanent pain in the head, led Dr. James Guild to apply the trephine. The patient was cured—(Delasiauve, *loco cit.* p. 422). In another case, Dr. Campbell (*Annales Med-Psychol.* Vol. XIII. p. 613) applied the trephine on the cranium of a man who had received a blow, and who suffered a great deal from the wound it had produced. No more fits took place, and four years after the operation the man was still well. In a third case, recorded by Benjamin Travers (*A further Inquiry concerning Constitutional Irritation and the Pathology of the Nervous System*, p. 285), the trephine was applied in a place where the cranium was depressed and painful to the touch. The patient was cured. The fourth case I will give in full, as it has not yet been published, and also on account of its importance. I owe the history of this case to Professor Van Buren, of New York, and I give it just as it has been furnished to me by this distinguished surgeon:—

Case IX.—'A healthy married woman, twenty-six years of age, received a blow upon the side of her head from the clenched fist of her husband, who was intoxicated. The seat of the injury remained permanently tender to the touch, and about five months afterwards she had an epileptic fit for the first time. The fits recurred from this time in gradually diminishing intervals, and when she was admitted into the New York Hospital, in March, 1856, about three years after the injury, they occurred almost every day.

'Over the centre of the parietal bone of the right side, a portion of the scalp, about the size of a half dollar, was very sensitive on pressure, but no appreciable lesion could be discovered, except, perhaps, a slight puffiness of the integuments at this point. She suffered much from headache, the pain always commencing here, and seeming to radiate from this tender surface to the rest of the head. Before a seizure of epilepsy this local pain, which was always present, invariably became more intense.

'After watching the patient for some weeks, during which time the fits were evidently becoming more frequent, it was observed that she was worse at her catamenial period. In fact, upon the 5th and 6th of April she had no less than twenty-seven distinct seizures. Her memory and other intellectual

faculties were observed to be decidedly impaired. In other respects her health was good. Valerianate of zinc was tried in doses of two and three grains three times a-day during a fortnight, but without benefit.

'It was then decided, in consultation, to explore the condition of the scalp and cranial bone at the seat of pain, and to remove a portion of the bone, if it showed any evidences of disease. This was done on the 10th of May. The patient was etherized, and a free crucial incision made through the scalp. The periosteum was found more than naturally adherent to the bone, the surface of which was somewhat elevated and roughened over a space an inch and a half in diameter. This altered portion of bone was removed by two applications of the trephine; its inner surface was found to be perfectly normal, but its diploæ was obliterated.

'The wound was closed accurately, except at the point where the incisions crossed, and cold water dressings applied. No fit occurred until the 18th of May, when she had three during the day and evening, followed by active febrile symptoms with nausea, and on the following day an erysipelatous blush appeared upon the forehead. On the 19th and 20th she had three fits, but they were not very severe. The attack of erysipelas lasted the usual time, and proved to be rather a severe one. The wound of the scalp healed kindly and uninterruptedly, and at the end of the erysipelas was entirely cicatrized (May 27th). After the seizure, which occurred on the 20th, there was no return of the epilepsy. The patient was retained in the Hospital until after a menstrual period, and as this did not take place at the usual time appropriate remedies were employed, but it was not until the sixth week that the catamenia returned, so that the patient was not discharged from the Hospital finally until July 10th, having had no fit meanwhile.

'The epileptic fits which occurred on the 18th, 19th, and 20th of May, coincidently with the invasion of the erysipelas, seem to have taken the place of the usual chill, as her attack commenced without one; and they were the only fits which occurred after the operation of May 10th.

'I have seen the patient twice since her discharge from the Hospital, once within the past month (November), and she is in perfect health, having had no threatening whatever of an epileptic fit since those which ushered in the attack of erysipelas.'

The extirpation of two pieces of altered bone in this case has certainly not been the cause of the cure of the patient, as there

have been fits after their removal. We are led, therefore, to admit that the cure was the consequence either of the influence of the erysipelas or of a change that took place in the skin while the wound was healing. There are cases on record where either erysipelas, or some other febrile disease, seems to have cured epilepsy; but this is so very rare, that it is much more probable that in the patient of Dr. Van Buren the cure has been effected by the change that the operation has produced in the skin, just where the blow which had caused the epilepsy had been received. The frequency of cures of this convulsive disease by anything that may produce a change in a part of the skin, which, being injured or the seat of a pain, has caused epilepsy, renders it very probable that in this case the cure has been obtained by the change produced by the operation.

While I think that Dr. Van Buren deserves great eulogy for this bold and successful operation, I nevertheless ought to say, that with the knowledge I have now that epilepsy originates very frequently in the skin, it would be necessary in the future, in cases like those I have just recorded, to employ various means of cauterization, and particularly the application of a red-hot iron upon the injured skin before making use of the trephine. Very likely cauterization, in a number of cases, will prove sufficient to cure.

Perhaps we are authorized to place the cases we will speak of now, among those in which the skin was a source of an aura epileptica.

J. Carron (*Journal General de Medecine*, Vol. XIII. p. 242) relates the following case:—

Case X.—A child, eleven years old, had fits of epilepsy two or three times a week, since he was two years old. A feeling of cold, coming from one of the upper extremities, preceded the fits. A ligature having been applied around the arm and tightened at each threatening, the fits were avoided. A small tumor was then found on the first phalanx of the thumb, and to ascertain if this tumor was the cause of the fits, although it did not produce pain, the ligature was placed successively on the hand and on the thumb, and the fits were prevented. An incision was then made upon the tumor, and four very small bodies of hard sebaceous matter were taken out. The wound was excited to give much pus, and healed after thirty days. The child was completely cured, and has never had a fit since.

Portal (*Anatomie Medicale*, Vol. IV. p. 247,) gives the case of a woman whose fits began by a pain in the thumb. Leduc, a pupil of Portal, extirpated a hard portion of the skin (a bunion, very likely—*un durillon*), and the patient was cured.

A strange body in the ear had caused epilepsy. Fabricius Hildanus extirpated it, and the patient was cured. (Esquirol, *loco cit.* Vol. I. p. 303).

Esquirol says (*loco cit.* Vol. I. p. 303): 'Donat attended a nun who felt, in the beginning of the fits, a pain in the right mamma, from which the aura ascended to the brain: 'If an ulceration took place in the mamma the fit was prevented.'

Although the skin is more apt to produce epilepsy than the trunks of nerves, there are many cases where an injury to the trunk of a nerve has caused this disease. Such cases have been recorded by De Haen, Henning, Larrey, Romberg (*Nervenkrankheiten*, 3d ed. Vol. I. part 2, p. 689) and others. I will relate some cases of this kind to show that for them, as for those in which the aura epileptica originates in the skin, the same principle is true, that an interruption between the injured part and the brain is able to cure epilepsy.

Portal (*Observ. sur l' Epilepsie*, p. 210) gives the case of a man who had a nerve injured in the arm. Convulsions, with loss of consciousness, came on many times. A greater incision was made where the wound existed, and the patient was cured.

The same writer (*loco cit.* p. 156) speaks of a man who had received a pistol shot in the neck, and who had become epileptic. After some time an abscess was formed in the neck; one of the shot came out, and the patient was cured.

Dieffenbach (*Die Operative Chirurgie*, Vol. I. p. 852) relates the case of a young girl, whose hand had been wounded by a piece of bottle-glass. Neuralgic pains, epileptic fits, and contraction of the limb, had been the results of the wound. The cicatrix was opened, and a small bit of glass was found near a nerve which had been divided by it, and which was swollen and hardened. After the operation, the neuralgia, the epilepsy, and the contraction vanised, and the girl was completely cured.

Fizes, according to Portal (*loco cit.* p. 157), has seen a man who had become epileptic after having been wounded by a sword near the great angle of the eye, and who was cured after the extirpation of a small part of the point of the sword which had staid in the wound.

Cases, more or less resembling the preceding, have been reported by Lamotte, Van Swieten, Sauvages, De Haen, Burserius, Lamorier, &c.

Darwin reports that he once saw a child who frequently fell down in convulsions. A wart was found on the ankle, which was cut off, and the fits never recurred.

Epilepsy caused by the irritation of the dental nerves, and cured by the extirpation of some teeth, or by the lancing of the

gums, is not uncommon. Some interesting cases of this kind have been reported by Portal (*loco cit.* p. 205 and elsewhere).

I shall not speak here of the cases of epilepsy produced by an irritation of a mucous membrane, or of a viscus, and which have been cured by the removal of the irritation. These cases are very numerous, and they also prove that epilepsy may be cured by the suppression of the irritation of nerves, either in their peripheric ramifications or in their trunks.—*Boston Med. and Surg. Journal.*

BOOK NOTICES.

Transactions of the American Medical Association, Vol. IX. 1856. Philadelphia: Printed for the Association by T. R. & P. G. Collins.

(Continued from Feb. No.)

The next paper in the volume before us, and closely allied to that of Dr. Gross, which was noticed in the previous number of the Journal, is the Report from the regular Standing Committee on Medical Literature.

It occupies thirty pages, and was written by Dr. R. J. Breckenridge of Kentucky, Chairman of the Committee; and is signed by two of his colleagues, Drs. J. B. Flint and D. L. McGugin. This paper presents some excellent qualities, but so mingled with defects as to greatly lessen its value. As a defence, we might almost say *eulogy*, of American Medical Literature; as an argument against International Copywright laws, and in favor of the common brotherhood of the profession and the universality of its literature, without regard to geographical lines or nationalities, and as a specimen of the author's ease and elegance of style as a writer, it is worthy of the highest commendation.

As a report, however, on the Medical Literature of this country, under a constitutional rule requiring the Committee to examine the medical periodicals and embrace in the report a 'reference to the more important articles therein presented to the profession,' together with such 'original American medical

publications and American reprints of foreign works,' as have been issued during the year of the Committee's service, it is extremely defective and unsatisfactory; being neither creditable to the industry or good judgment of the author. For instance, the very important duty of examining the medical periodicals of the country is entirely omitted, under the plea of 'not having had access to anything like complete files of the various journals of the country.' We do not believe there is an editor of a medical journal in the United States, who would not have cheerfully furnished the Chairman of the Committee a complete file of his journal for the year, had he taken the trouble to ask for it. There is no measure better calculated to improve medical journalism and encourage the better class of contributors, than the reviews contained in all the previous reports on medical literature, with a special enumeration of the more important articles. Again, the transactions of our National Association find their way to the libraries of public institutions and societies in Europe as well as this country, and everywhere the report on medical literature will be looked to for an exposition of the literary labors of the profession during the period it embraces. This consideration alone should have prevented the Committee from entirely neglecting so important a department of literature as the medical periodical press.

That part of the report devoted to the notice of original American publications is but little more satisfactory. In it we find half a page devoted to the crazy, advertising pamphlet of M. L. Knapp, on the Scorbutic Origin of Cholera, while the transactions of seven state medical societies are mentioned only by their *titles*, without an allusion to a single paper contained in them. Neither does the report fairly represent the character of those which had preceded it from other committees on the same subject. Thus Dr. Breckenridge says: 'It will be found that *scarcely a solitary reporter* to your body on this subject (medical literature) has failed to *lament* the low state and condition of our professional literature, and to suggest explanations more or less satisfactory of such condition, and means more or less profound of remedying it.' Again he says: 'From the *dignified reporters* of the Association to the silliest of anony-

mous scribblers, who *bewail, with grievous lamentations* this national degradation;' &c. These paragraphs, together with the whole tenor of the report before us, would lead the reader to infer that all the previous committees on medical literature had united in depreciating and *bewailing* the condition of the medical literature of our country; than which nothing could be more untrue. Will Dr. B. point us to a single word of 'lamentation' in the report on this subject, made by the late Dr. Harrison, of Cincinnati, to the annual meeting of the Association in Boston; or in that made by Dr. Reyburn, of St. Louis, to the meeting in Charleston; or that made by myself to the second meeting in New York? A reference to those reports will show that their authors, instead of indulging in depreciating remarks or lamentations, exhibited as high and liberal an appreciation of the merits of our professional literature as Dr. Breckenridge himself. It is true that this appreciation did not prevent them from pointing out its obvious defects with manliness and candor. And, had it been any part of their duty, they would have pointed out defects scarcely less important in the literature of every other nation in Christendom.

If Dr. Oliver Wendell Holmes, of Boston, and Dr. Alfred Stille, of Philadelphia, in their respective reports to the Association, indulged in language *too depreciative* of our medical literature, let them be responsible, without including all the reporters on this subject in the same category.

But even the author of the report under consideration admits that our literature is not yet faultless or complete; for at the close he asks the following questions, viz:—

'What then can be done to correct the faults of our medical literature, however great or however small they may be? Is there a remedy?' And to these he furnishes the following laconic answers. 'In the course of time and through the unchangeable laws of progress and development—yes. Through the agency of this Association? No.' In one sense these answers may be considered correct. A refined philosophy might easily claim that the correction of all faults, the advancements of every kind, whether in morals, science, or religion, are but the legitimate consequence of 'the unchangeable laws of progress

and development.' In this view the American Medical Association is itself a product of these laws, a development of the times, a result of the spirit of combination and associated action so characteristic of the middle of the nineteenth century. But our reporter and all others should remember, that even the '*unchangeable laws of progress*' are applied and rendered effective *only* through *agencies* or instrumentalities. And of all the agencies capable of appreciating and applying the laws of progress to the development of our medical literature, none can be found more efficient than our National Association. Not by formal resolves, but by its annual re-union; its faithful reviews contained in the reports of its committees; its prizes; its strong incentives to action, carried by its members into all the local organizations throughout our widely-extended national domain.

The next paper in the transactions claiming our attention, is the 'Report of the Committee on Plans of Organization for State and County Societies,' written by Dr. A. B. Palmer, of this city. It is a well-written plea in favor of a more complete organization of the profession, by the formation of State and County Medical Societies. Its doctrines are very fully presented in the following resolutions, which we copy entire:—

'1. *Resolved*, That the American Medical Association, appreciating the vast benefits to the advancement of medical science, to the profession, and to the interests of humanity, arising from the efficient organization of medical men, call with deep earnestness upon physicians everywhere throughout the country, to form themselves into County and State Medical Societies.

'2. *Resolved*, That this Association earnestly recommend to all County Medical Societies to incorporate into their constitutions or by-laws provisions for the election of a Board of Censors, whose duty it shall be to examine all persons who may apply for admission into the office of any member of the society as students of medicine, and also to incorporate provisions to prevent any member of such society from admitting as a student any person who shall not first receive from the Board of Censors a certificate of a good moral and intellectual character; a good English education, including a thorough knowledge of the English language, and a respectable acquaintance with its literature, and with the art of composition; a fair knowledge

of the natural sciences, and at least the more elementary mathematics, including the chief elements of algebra and geometry, and such a knowledge of the ancient languages as will enable him to read current prescriptions, and appreciate the technical language of the natural sciences and of medicine.

'3. *Resolved*, That this Association also earnestly recommend to local or county societies to incorporate into their constitutions or by-laws provisions for making it the duty of each of the members to keep at least a brief record of all cases occurring in his practice depending upon endemic or general causes, and report at least annually to a committee of the society to which he belongs the number or per centage of different diseases occurring each month, together with the particular type of each disease, the chief modifying circumstances under which it occurred, the general plan of treatment, and the results of the cases; and also, that these societies make provision for the election of such committee, whose duty it shall be to receive and collate such reports, arranging them in due form, and adding such remarks as may assist to their proper understanding, and to transmit them annually thus arranged to a committee of the State society to which the local or county society shall be auxiliary; and this Association further recommends that the State societies make provision in their constitutions or by-laws for the appointment of a committee, whose duty it shall be to receive such reports from the local or county societies, to again arrange them with other reports from similar societies, placing them in a condensed or tabulated form, and report them annually with proper remarks to a committee of this Association, to which the State societies are recommended to become auxiliary.

'4. *Resolved*, That this Association make provision for the reception of these reports from the State societies, by a committee or committees, whose duty it shall be to arrange them in proper form, adding such illustrative remarks as may be deemed proper, and to report them to this Association, with a view of having them published with the other transactions of this body.

'5. *Resolved*, That this Association recommend the adoption of its Code of Medical Ethics to all societies auxiliary to it, and that they record or publish said code with their constitutions and by-laws.

'6. *Resolved*, That, in the opinion of this Association, it would tend to the production of papers of greater merit, and increase the interest of the meetings of local or county societies, if those papers possessing peculiar merit were referred to

the State Society as marks of honor, and to be incorporated into their proceedings, if deemed worthy.

'7. *Resolved*, That, in arranging the details of the practical workings of societies, due attention should be paid to a proper division of labor, special subjects for investigation, and reports being referred to members who, from their mental aptitudes, their previous studies, or their peculiar opportunities or positions, are best qualified and most inclined to do them justice.'

It strikes us that the plan of reporting embraced in resolutions 3 and 4, is too complicated, and involves too much delay before final publication, to be readily reduced to practice. We have no objections to seeing it tried however.

The next paper in order, is the 'Report on the Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy,' by the editor of this *Journal*. It was republished at length in the December number of this *Journal*, and consequently needs no further notice here.

(To be Continued in our next No.)

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. RANKING, M.D. Physician to the Norfolk and Norwich Hospital; and C. B. RADCLIFFE, M.D. Licentiate of the Royal College of Physicians of London. No. 24, from July to December, 1856. Philadelphia, Lindsay & Blakiston, 1857.

This, like Braithwait's Retrospect, is too well known to the medical public to require notice in this place. The present number contains 276 pages of very useful reading matter.

Fourth Annual Report of the Surgeons of the New York Opthalmic Hospital, at No. 6. Stuyvesant Place, with the Anniversary Address of ISAAC FERRIS, D.D., LL.D. &c. &c. Daniel Fanshaw, Printer, New York, 1857.

We have noticed the New York Opthalmic Hospital in former numbers of this *Journal*. The present report bears evidence of the continued prosperity and usefulness of the institution.

The Address of Dr. Ferris is short, but interesting and valuable.

An Address on the Life and Character of ROBERT M. PORTER, M.D. *Late Professor of Anatomy in the University of Nashville.* By JOHN BERRIEN LINDSLEY, M.D. Chancellor of the University. Delivered at Nashville, Nov. 8, 1856. Published by the Class.

This is a beautifully-written eulogy of the late Dr. Porter, and as beautifully printed as it is written.

MEDICAL INTELLIGENCE.

Rush Medical College. Public Annual Commencement of Session for 1856–7.

The public exercises attendant on the close of the regular annual College term, took place in the Hall of the College on the 18th of February, and were attended by a large and attentive audience. The exercises commenced at 2½ o'clock P.M., and were opened with prayer by the Rev. Dr. Barker. Several of the candidates for graduation were then required to read their theses, after which the Degree of Doctor of Medicine was conferred by Prof. D. Brainard, President of the College, on forty-one members of the class, who had previously passed a rigid examination and been recommended to the Board of Trustees. The Honorary Degree of M.D. was also conferred on Dr. William Long, of New Maysville, Indiana; and on Dr. H. Noble, of McLean County, Illinois. An *ad eundem* Degree was, at the same time, conferred on Dr. J. W. York, of Shelby Co. Illinois. The Valedictory Address was then delivered by Prof. Brainard, in his usual impressive and happy manner. His theme was the 'Ethics and Etiquette of the Profession," than which no one more appropriate could have been chosen. His mode of presenting it was such as to impress important practical rules and precepts strongly upon the minds of his hearers. After the address and benediction, the further proceedings are described as follows in the *Daily Democratic Press*, published the following morning, viz:—

'After the delivery of the Valedictory, the Professors, Trus-

tees, Students, and guests were invited to the entertainment provided by the Faculty in the Museum Hall, where a substantial repast was in waiting for them. That over, the graduates called the meeting to order, when the following toasts were offered and responded to:—

"1. The Chair of Surgery—Its eloquence our delight; its scientific truths our inheritance; its investigations an invaluable addition to the science of surgery. May its memory never fade."

'Dr. Brainard, Professor of Surgery, responded in an able speech.

"2. The Chair of Physiology, and its present worthy occupant, Prof. W. B. Herrick."

'Dr. Herrick was called for, but he was not in the hall.

"3. The Chair of Chemistry—Professor Blaney, the Liebig of America."

'Responded to by Professor Blaney in his usual happy manner.

"4. The Chair of Obstetrics and its worthy occupant—When he retires, may his well-known piety and virtue be as great a blessing to the world as his attainments have been a boon to science."

'Prof. J. Evans responded in a touching speech, announcing it as his intention to retire from the professorship as soon as his colleagues appointed a successor.

"5. Prof. N. S. Davis, the Working Man."

'Responded to by Dr. Davis in an excellent speech, indicating industry and labor as the physician's only ladder to honorable eminence.

"6. Prof. H. A. Johnson—a brother, who recognizes the same Alma Mater—may he live to reflect credit to it and us by his eminent scientific attainments."

'Dr. Johnson, Professor of Materia Medica, responded in a neat and appropriate speech.

"7. Prof. J. W. Freer—the bone and sinew of the Faculty."

'Dr. Freer, Professor of Anatomy, amid bursts of laughter, made a humorous reply.

"8. Dr. Hollister, our able Demonstrator of Anatomy—he has made the dead to rise."

'Dr. Hollister responded.

'Professor Brainard then gave the following:—

"The Graduating Class. May their future career be honorable as their past has been successful.

'Dr. Wardner being called out responded.

"The Under-Graduates—the Embryo-Graduates of the next year."

'Responded to by Mr. Swafford.

'A Graduate gave, "Rush Medical College—may it always stand."

'Prof. Evans offered, "The Press"—which was responded to by J. F. Ballantyne, of the *Democratic Press*.

'One of the graduates sung "Napoleon's Grave," in an able manner, after which the meeting dispersed.

'Rush Medical College, through the zeal and industry of its Faculty, is an institution of which Chicago may well feel proud. Though comparatively young, it has attained a position in the science of medicine second to few Universities in the United States. Its professors show by their laudable zeal and energy that they are determined to render it an ornament to the profession, as well as an instrument for advancing scientific knowledge in the West and North-West.'

Without boasting, we may claim that few medical classes in this or any other country have enjoyed better advantages for attaining knowledge, than the one in attendance on Rush Medical College during the past session. For, besides the ordinary College course, in which the *material* for dissection and the means of illustration in the several departments were ample, the class had easy access to two Hospitals well filled with patients. In one, regular clinics were given on *four* mornings of each week, and in the other, *six* mornings; thereby enabling the class taking the Hospital tickets to be so divided as to allow the most direct and free examination of patients. So complete were these clinical arrangements that scarcely a physical sign could be named, arising from acute and chronic diseases affecting the viscera of the chest, which was not carefully examined and listened to personally, during some part of the term, by the 72 members of the class, who attended the medical wards of the Mercy Hospital; while the opportunities for studying both operative surgery and surgical diseases, such as opthalmia, syphilis, ulcers, &c., under Prof. Brainard in the Marine, and Prof. Freer in the Surgical Wards of the Mercy Hospitals, were as ample as could be desired. The following is a list of the regular graduates, with the titles to their Inaugural Theses, viz:—

LIST OF GRADUATES.

'James Franklin Cravens, Chicago, "Mechanism of Labor."

'James Francis Marrh, Chicago—"Treatment of Simple Fractures by Starch Bandages."

'David Hewitt Spickler, State Line, Pa.—"Bronchitis."

'Charles Hammel, Ottawa, Ill.—"Scarlatina."

'John Jasper Lake, Mount Pleasant, De Witt Co.—"Typhoid Fever."

'Benjamin Wilson, Chambersburg, Ill.—"Scarlatina."

'Joseph Thomas Miller, Urbana, Ill.—"Combustion."

'M. H. Bounel, Yountsville, Ind.—"Dysentery."

'Edward A. Wilcox, Lacon, Ill.—"Cause of Intermittents."

'A. M. D. Hughes, Payson, Ill.—"Blood-Letting."

'J. B. Paul, Havana, Ill.—"Intestinal Diseases—Causes and Treatment."

'E. F. Hubbard, Wauconda, Ill.—"Aliments as Therapeutical Agents."

'Samuel Higinbotham, Plymouth, Ill.—"The Reparative Process."

'P. J. Wardner, Chicago, Ill.—"Deposits of Earthy Phosphates in Urine."

'Edwin Powell, Chicago, Ill.—"Pneumonia."

'Lafayette H. Smith, Chicago, Ill.—"Syphilis."

'A. W. Adair, Coatsville, Ind.—"Veratrum Viride."

'T. A. Graham, Clermont, Ind.—"Acute Rheumatism."

'T. D. Fisher, Leroy, Ill.—"Water a Therapeutic Agent."

'A. L. Kimber, Prairie City, Ill.—"Pathology of Dropsy."

'D. C. Bennett, Janesville, Wis.—"Inflammation."

'John C. Lowrie, Chicago, Ill.—"Gonorrhœa."

'Geo. W. Wilkinson, Kickapoo, Ill.—"Etiology of Milk Sickness."

'J. P. Terrell, Huntingdon, Ind.—"Medical Properties of Iodine of Potassa."

'Stephen L. Urmston, Iroquois, Ill.—"Selection of Remedies."

'Thos. B. Dever, Lacon, Ill.—"Erysipelas."

'N. O. Pearson, Palestine, Ill.—"Duties of a Surgeon before Operating."

'L. H. Dunn, Tiskilwa, Ill.—"Venesection."

'W. M. Hall, Walker's Grove, Ill.—"Intermittent Fever."

'Josiah L. Philips, Farmington, Me.—"Suppuration."

'J. Sumner Bowen, Roanoke, Ind.—"Digestion."

'Wm. F. Vermilion, Martinsville, Ill.—"Dysentery."

'Thos. J. Shreves, Avon, Ill.—"Typhoid Fever."

'Benj. Woodward, Sharon, Ill.—"The Physician—his Qualifications and Mission."

'John H. Tyler, DeWitt Co., Ill.—"Diagnosis."

'James McCleery, Monroe, Jasper Co., Iowa.—"Duties and Qualifications of the Physician."

'Francis W. White, Chicago, Ill.—"Pathology of Rheumatic Fever."

'Benj. F. White, Two Rivers, Wis.—"Preliminary Qualifications Necessary for the Study of Medicine."

'Charles Hill, Lebanon, Ill.—"Hygienic Agents."

'Ethan McAferty, Lexington, Ill.—"Erysipelas."

'Lafayette Gray, Ipava, Ill.—"Generation, Conception, &c."'

EDITORIAL.

Effects of Alcohol on the Diseases of Europeans in India.

In the *Indian Annals of Medical Science*, for April, 1856, Mr. Waring has given some very interesting facts in relation to the prevalence of diseases among the different classes of Europeans in India. From them we quote the following in relation to the use and influence of alcoholic drinks:—

In the Madras Presidency, in 1849, there were six regiments of European troops, numbering 5,710 men. They were classified by Mr. Waring as follows:—Teetotallers 450, temperate 4,318, intemperate 942. The following table shows the actual amount and kind of disease suffered by these several classes during the year 1849:—

DISEASES.	TETOTALLERS, 450.			TEMPERATE, 4318.			INTEMPERATE, 942.		
	Attacks.	Deaths.	Ratio.	Attacks.	Deaths.	Ratio.	Attacks.	Deaths.	Ratio.
Fevers	141	1	31,33	768	1	17,78	190	2	20,16
Cholera				17	13	0,39	7	6	0,74
Dysentery	52	3	11,55	344	31	7,96	112	15	11,88
Diarrhœa	50	1	11,11	348	4	8,05	108		11,46
Other Diseases Stomach & Bowels	23		5,11	337	6	7,80	112	2	11,88
Hepatitis	26		5,77	249	16	5,76	96	2	10,19
Diseases of Lungs	43		9,55	478	17	11,06	113	4	11,99
Do. of Brain	14		3,11	108	1	2,50	82	5	8,70
Rheumatism	27		6,00	487		11,27	143	1	15,18
Venereal Diseases	94		20,88	1414	1	35,06	447		50,63
Other Diseases	119		26,44	1464	10	33,89	684	5	61,98
Total,	589	5	130,88	6114	100	141,59	2024	42	214,86

These results are rendered more obvious by the following table viz:—

CLASS.	Whole Number.	No. of Attacks.	Deaths.	Ratio of Attacks.	Ratio of Deaths.	Ratio of Deaths to Attacks.
Teetotallers,	450	589	5	130,88	1,11	0,84
Temperate,	4318	6114	100	141,59	2,31	1,63
Intemperate,	940	2024	42	214,86	4,45	2,07

Nothing could demonstrate more clearly the influence of alcoholic beverages on the prevalence of sickness and mortality than these figures. We hope our readers will note particularly the figures relating to *Cholera* and diseases of the *Lungs*.

Chicago Academy of Natural Sciences.

As members of the medical profession are everywhere the most zealous cultivators of the natural sciences, we do not hesitate to copy the following from one of the daily papers of this city. We trust the Society will soon have in Chicago a Museum that will be an honor to the city, and an object of interest to all naturalists.

'*The Chicago Academy of Natural Sciences.*—At a recent meeting of gentlemen, interested in scientific pursuits, a Society was organized under the above title. A constitution was adopted and the following officers were elected:—

'*President*—Prof. J. V. Z. Blaney.

'*Vice-Presidents*—Prof. N. S. Davis, Capt. J. D. Webster.

'*Corresponding Secretary*—Prof. H. A. Johnson.

'*Recording Secretary*—Dr. Henry Parker.

'*Treasurer*—Col. R. K. Swift.

'*Curator of Museum and Library*—Prof. E. Andrews.

'The following gentlemen were appointed chairmen of standing committees on the various branches of natural sciences:—

'Zoology, Robert Kennicott; Botany, Dr. F. Scammon; Geology, J. A. Lapham; Chemistry, Prof. Blaney; Microscopy and Physics, H. Zimmerman.

'The first means proposed by the Society for the promotion of its objects, is the formation of a museum of scientific specimens and a library. A room for this purpose has been procured in the Dearborn Seminary building, and a collection of several thousand specimens already awaits the construction of cases to receive them. Other extensive and valuable contributions are

promised. With the requisite aid from our public spirited citizens to defray the necessary expenses, such as procuring cases, and providing for the proper care and preservation of specimens, a good beginning can be made at once.

'The objects of the Society commend themselves to all friends of science and education. The natural sciences would seem particularly fitted to interest and profit our Western people. These sciences seek to interpret nature in her grandest form, while several of them, as chemistry, geology, and mechanics, relate directly to our economical interests, and lie at the foundation of the industrial civilization of our times.

'All friends of the various educational institutions growing up in our city, should lend a helping hand to this Society. Their students will need access to a cabinet for the study of mineralogy, geology, and zoology. And will it not be better to unite their efforts, and make one extensive and valuable museum, than for each to attempt to have one of its own, and so have none of any pretensions to completeness? It is proposed to give students of these institutions access to the collections of the Society, for the purpose of lectures and inspection. The cabinet will also be open to all interested in the examination of the subjects to which it will relate.'

American Medical Association.

Let all our readers remember that the next annual meeting of the National Association will be held in the city of Nashville, Tennessee, on the *first* Tuesday in May. We hope every State, County, and City Society in the North-Western States, will be represented in the meeting by regularly-appointed delegates. Each society is entitled to one delegate for every ten members. The meeting will, doubtless, be one of much interest and pleasure to those who may attend.

For further information, we refer to the Circular of the Secretary of the Association, which is as follows:—

'The tenth meeting of the Association will be held at Nashville, on Tuesday, May 5th, 1857.

'All bodies entitled to representation in the Association, would very much further and facilitate its affairs by sending lists of their representatives at an early period to the undersigned.

"ARTICLE SECOND OF THE CONSTITUTION.

"The members of this institution shall collectively represent

and have cognizance of the medical profession in every part of the United States, and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

"*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

"Each local society shall have the privilege of sending to the Association one delegate for every ten regular resident members, and one for every additional fraction of more than half this number.

"The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"*The Members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting, after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received, and be entitled to participate in all its affairs as in the case of delegates.

"*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous votes.

"Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, but without the right of voting; and, when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

"Every member elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what

capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment."

'Resolutions passed at the eighth meeting of the Association, held at Philadelphia:—

'*Resolved*, That no State or local Society shall hereafter be entitled to representation in this Association that has not adopted its Code of Ethics.

'*Resolved*, That no State or local society that has intentionally violated or disregarded any article or clause in the Code of Ethics, shall any longer be entitled to representation in this body.

'*Resolved*, That no organization or institution entitled to representation in this Association, shall be considered in good standing, which has not adopted its Code of Ethics.

'Resolution passed at the ninth meeting, held at Detroit:—

"*Resolved*, That any new medical institution, not heretofore represented in this body, be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity, and good standing."

'Medical presses throughout the Union are respectfully requested to copy the above resolutions at their earliest convenience.

ROBERT C. FOSTER,
Secretary Amer. Med. Assoc'n, Nashville, Tenn.'

Mercury in Typhoid Fever.

The following letter should have received attention earlier, but it had been accidentally overlooked.—ED.

CHARLESTON, ILL. Jan. 12, 1857.

Editor North-Western Medical and Surgical Journal:—

The profession have been furnished liberally with one fact connected with the Pathology of Typhoid Fever, which, it occurs to me, they make very little use of. The fact I allude to, is, that the glands of Peyer are always involved in the disease; and I believe no fact in the entire range of pathology is better established than this, besides, it is equally a fact, that the liver is as infrequently found in an abnormal state in this disease as in any which produces death.

Writers, teachers, and practitioners appear to loose sight of this fact, and invariably recommend the use of mercury in the

treatment of the disease—some in every stage, and some in particular stages. However much I may revere the name of John Estin Cook, and admire his industry and genius, I have very little respect for the man who can see nothing but disordered liver in every case of sickness he is called upon to treat; I, however, am proud to honor any man who gives mercury or any other remedy properly; but this idea of giving mercury for everything, is what has brought more reproach upon Western medical men than any other one thing, and I believe is the ground-work of the success of quacks and irregulars who now infest the West and the regular profession, hanging like gangrenous excrescences upon society.

Let us now look at this matter a moment. Physiologists tell us (and have told us from the days of Haller at least) that the bile is the natural purgative of the bowels, and that this effect is due more to its acrid, irritating qualities than to anything else. Diarrhœa is the thing to dread in the treatment of typhoid fever, because it is of the utmost importance to husband the strength of our patients by all possible means; and we need not say, the drainage produced by diarrhœa will soon exhaust the very element (vitality) which enters so largely into the curative process in this disease.

Is it too much to say, then, that the man who would give mercury with these facts before him, would be placing an obstacle in the way over which his patient will stumble into the grave? But I am met here by the stickler for the use of mercury, and told that we *must* unload the portal circle by increasing the action of the liver. *That* cannot be, because he has no evidence of the engorgement, nor that the liver has been remiss in any degree in the proper performance of its functions. I am perhaps met again by my pathological friend, who informs me that it is of no consequence if we do bring an irritating substance in contact with the mucous coat of the bowels, for the glands are entirely disconnected from the mucous lining, and, therefore, not subjected to any influence from irritation of this surface. I confess the anatomical fact, but beg to reply, that there will be a corresponding influence carried to the glands by irritation of the mucous surface in the same ratio that it is

extended to the mucous or muscular coat by irritation of the glands, as is witnessed by the diarrhœa, which, as has been remarked, we have so much reason to dread: besides, it is only a few days in many instances before ulceration takes place, and then his bilious matter passing down would be quite a soothing and refreshing appliance. But I am now accosted by my friend, the Humeralist, and told that we must destroy the poison in the blood, and that in all fevers it is important to break up the plastic material in the blood. My cautious and considerate friend, I should reply, do you know that mercury will eliminate the poison, or by any process render it harmless? *I do not, neither do you.* Induction has not taught you it would, nor has observation. In regard to breaking up the plastic material of the blood, I could only wish in typhoid fever the blood contained more of it.

WM. M. CHAMBERS, M.D.

[N.B.—When the writer of the above asserts, that 'writers, teachers, and practitioners,' either lose sight of the diseased glands, or '*invariably* recommend the use of mercury in the treatment' of typhoid fever, we think him much mistaken—indeed, we know of no respectable teacher at the present day who does either.—*Editor of Joarnal.*]

The New Anæsthetic.

Our London exchanges contain accounts of experiments by Dr. John Snow, on the use of the vapor of amylene, by which it appears that this substance possesses anæsthetic properties not inferior to chloroform and ether. Dr. Snow first tried the effect of this hitherto but little-known remedy upon some of the inferior animals, and witnessing no ill effects he took the vapor himself with a like result. Since then he has administered it to quite a number of patients in the London hospitals, with very good results. Mr. Fergusson, Mr. Bowman, and others, have allowed it to be employed in some of their operations, and express themselves as satisfied with its good effect in causing an entire prevention of pain, and an apparently pleasant sleep. Amylene is made by distilling fusel oil with chloride of zinc; its composition, is 10 atoms of hydrogen, and 10 of carbon; its specific gravity is somewhere in the neighborhood of .700; and

its boiling point 102° Fahr. It was first discovered by Cahours, about fifteen years ago, but Dr. Snow has the entire credit of demonstrating its anæsthetic properties. Its relative advantages and disadvantages, as stated by Dr. Snow in the *Times and Gazette*, are as follows:—'In regard to its odor, it is more objectionable than chloroform, but much less so than sulphuric ether. In respect to its pungency, it has a great advantage over both ether and chloroform, being much less pungent than either of them. Thus, whilst the patient, especially if a female, often complains of a choking feeling and want of breath in commencing to inhale chloroform, and two or three minutes are lost before the vapor can be inhaled in any useful quantity, she can begin to inhale the amylene in full strength within half a minute from commencing, and the operation may generally be begun within three minutes. In the amount which suffices to induce insensibility, it is intermediate between chloroform and ether, chloroform having the advantage. Amylene has an advantage in preventing pain with a less profound stupor than that occasioned by the other agents; and, in the ready waking and recovery of the patient, it has an advantage over chloroform, and a still greater advantage over ether. Its probable safety I have spoken of; and the greatest advantage of all, if it should continue to be met with in all cases, is the absence of sickness from its use. The almost entire absence of struggling and rigidity may also be mentioned as an advantage of amylene over ether and chloroform.'—*North Am. Medico-Chirurgical Review.*

☞ Gustav. C. E. Weber, M.D. of New York, has been appointed Professor of Surgery in the Cleveland Medical College, in place of Prof. Ackley resigned.—*Ibid.*

☞ Dr. J. Aitken Meigs has been appointed Professor of the Institutes in the Philadelphia College of Medicine, Dr. H. Hartshorne having been transferred to the Chair of Practice. Dr. W. Hembel Taggart has also been elected Professor of Materia Medica in the same College, in place of Dr. Tyson, resigned.—*Ibid.*